

## COLORADO DEPARTMENT OF HEALTH CARE POLICY &

1570 Grant Street, Denver, CO 80203-1818 • (303) 866-2993 • (303) 866-4411 Fax John W. Hickenlooper, Governor • Susan E. Birch MBA, BSN, RN, Executive Director

July 11, 2011

Melanie Bella, Director
Federal Coordinated Health Care Office
Centers for Medicare & Medicaid Services
Department of Health and Human Services,
Attention: CMS-5507-NC
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: CMS-5507-NC Medicare and Medicaid Programs; Opportunities for Alignment Under Medicaid and Medicare

Dear Ms. Bella:

I am writing to you on behalf of Colorado's single state Medicaid agency, the Department of Health Care Policy and Financing to provide comment related to CMS-5507 NC Medicare and Medicaid Programs; Opportunities for Alignment Under Medicaid and Medicare information request.

Colorado wishes first to thank CMS for its recognition of the challenges and barriers created for individuals who are dual eligible that directly result from differing regulatory requirements between the Medicare and Medicaid Programs. Like many States, Colorado is engaged in efforts to identify needed design options to better integrate care provided through the two programs, but does not yet have those options fully defined. Consequently, our comments are best reflected under broad, thematic headings.

1. Coordinated Care. Colorado encourages CMS to expand flexibilities for States around coordinated care models and enrollment processes, but recommends that such flexibility include a robust stakeholder input process before implementation at the State level. Models of coordinated care should cover a comprehensive array of services and not necessarily be limited to traditional, risk-based managed care. Aligning enrollment processes and allowing for a more streamlined approach would generally be perceived as an improvement but Colorado notes that doing so for dual eligible clients should not compromise the existing Medicaid processes or add administrative burden for States. Standards for marketing materials should be similar across both programs, with a common literacy standard. Colorado believes that lowering the literacy standards in Medicare to match those for Medicaid would eliminate inconsistencies and lead to better understanding of the materials by all beneficiaries.

- 2. Quality Requirements. Colorado notes that there continues to be advances made in the development of performance and health outcomes measurement. Colorado suggests that CMS engage in a stakeholder process to identify a national, uniform approach for a shared baseline, allowing for the addition of other measures that may be appropriate based on covered populations or health program focus. Colorado also strongly recommends that States whose contracts with SNPs do not include actual Medicaid services provision be exempted from having those contracts included in the External Quality Review Organization (EQRO) contracting requirement.
- 3. **Fee-For-Service**. Colorado notes that a significant factor in the confusion for beneficiaries/clients across the two programs is that both Medicare and Medicaid often use the same name for what is essentially a different benefit with different qualifying parameters and payment structures. Home health is a prime example where Medicare has a homebound requirement, is reimbursed under a prospective payment system and allows for use of technology to monitor client status. Some Medicare services appear to require that the beneficiary reach a certain level of decline before qualifying to receive the service; Colorado suggests CMS consider mechanisms that permit access to services that would slow, if not prevent, the rate of decline.
- 4. Prescription Drugs. Colorado supports any prescription drug processes that make it quicker and easier for beneficiaries/clients to receive their prescriptions and that do not drive additional State-funded administrative costs. Colorado receives about five calls per month from new dual eligible clients concerned about accessing their prescription drugs; it is not clear that the costs for providing dual eligibility and enrollment data more frequently than monthly to CMS would significantly reduce these calls.
- 5. Cost-Sharing. The current approach of automatic submission of crossover claims for dual eligible clients to State Medicaid Programs does not work optimally. Colorado proposes that CMS consider revisiting this approach, perhaps looking to Medicare Part D as an example of an alternative approach.
- 6. **Enrollment**. Colorado notes that States currently are not knowledgeable about Medicare beneficiaries who are on the path to become dual eligible, primarily as the result of their looming need for Medicaid-funded long term services and supports. We perceive that the State and these beneficiaries would benefit from early identification of these individual to the State but are unclear on the best mechanism to accomplish this.
- 7. Appeals. Colorado strongly recommends that CMS carefully consider whether Medicare timelines on appeals should be revised to be more in keeping with those of the Medicaid program. The rationale for having more generous timeframes in Medicare is unclear and the dissonance between the two programs is very confusing for those individuals who are eligible for both programs.

Thank you for the opportunity to provide comment on issues related to the current lack of sufficient alignment between Medicare and Medicaid for clients who are eligible for both programs. Should you have any questions, I can be reached at <u>Barbara.prehmus@state.co.us</u> or via telephone at (303) 866-2991.

Sincerely,

Barbara B. Prehmus, M.P.H. Federal Policy & Rules Officer

Cc: Ms. Susan E. Birch, MBA, BSN, RN, Executive Director

Ms. Lorez Meinhold, Deputy Policy Director, Governor's Office of Policy and Initiatives,

Colorado Governor John W. Hickenlooper

Ms. Cynthia Mann, Center for Medicaid, CHIP, Survey & Certification